

# ARIZONA STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 108900  
Registered No. 74

### 1. PLACE OF BIRTH

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Hayden No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)  
If child is not yet named, make supplemental report, as directed.

2. Full name of child Jose Benjamin Teyechea  
3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other. \_\_\_\_\_ 5. No., in order of birth. \_\_\_\_\_ 6. Legitimate? Yes 7. Date of birth April 1st 1929  
Month Day Year

8. FATHER  
Full name Jose Benjamin Teyechea  
9. Residence (Usual place of abode) Hayden, Arizona  
If non-resident, give place and state.  
10. Color or race Mexican 11. Age at last birthday 35 (Years)  
12. Birthplace (city or place) Santa Cruz,  
(State or country) Sonora, Mexico  
13. Occupation Merchant  
Nature of Industry Confectionery

14. MOTHER  
Full maiden name Esther Lorona  
15. Residence (Usual place of abode) Hayden, Arizona  
If non-resident, give place and state.  
16. Color or race Mexican 17. Age at last birthday 32 (Years)  
18. Birthplace (city or place) Florence,  
(State or country) Arizona  
19. Occupation Housewife  
Nature of Industry \_\_\_\_\_

20. Number of children of this mother 5 (Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living 5  
(b) Born alive but now dead 0  
(c) Stillborn 0  
21. Were precautions taken against ophthalmia neonatorum? yes

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 3:45 P. m. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature \_\_\_\_\_

(Physician ~~XXXXXX~~)

Given name added from a supplemental report.

Address \_\_\_\_\_

Hayden, Arizona.

Filed 9-8, 1930

Registrar.

Registrar.